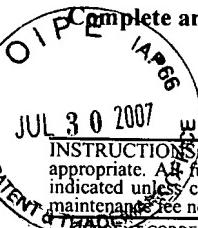


**PART B - FEE(S) TRANSMITTAL**



Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
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Daphne L. Burton

(Depositor's name)

Daphne L. Burton

(Signature)

7/25/2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/519,123	08/15/2005	Guy Charvin	072691-012 6820	

TITLE OF INVENTION:

AUDITORY AID DEVICE FOR THE REHABILITATION OF PATIENTS SUFFERING FROM PARTIAL NEUROSENSORY HEARING LOSS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1400	\$300	\$1700	07/27/2007
EXAMINER	ART UNIT		CLASS-SUBCLASS		

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381-312000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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1 Daphne L. Burton  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MXM

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07/31/2007 EHAILE2 00000026 10519123

Vallauris, France

61 FL:1501

1400.00 OP  
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Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Daphne L. Burton*

Date

7/25/2007

Typed or printed name

Daphne L. Burton

Registration No.

45,323

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